OFFICIAL FILE ILLINOIS COMMERCE COMPASSIFIEMMAL COMPLAINT

For Commission Use Only:

Case:

Illinois Commerce Commission 527 E. Capitol Avenue Springfield, Illinois 62701

ORIGIRAL

<u> </u>
Regarding a complaint by (Person making the complaint): Rebecca Lambert
Against (Utility name): Ver1Zon
As to (Reason for complaint) <u>Continued billing of new charges</u>
after service terminated for over 2 yrs. They
As to (Reason for complaint) <u>Continued billing of new charges</u> After service terminated for over 2 yrs. They Even continued billing at 11 Joann Dr. after we
moved - 16 months.
in <u>Metropolis</u> Illinois. From the III Mais Commission Sobresion III Mais.
TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS: POBOX 678 HO8 Ophia St. 2000
My mailing address is POBOX 678 HO8 Oph a String String POBOX 678 HO8 Oph a String String String POBOX 678 HO8 Oph a String S
The service address that I am complaining about is $\frac{11}{10} \frac{10}{10} 1$
My home telephone is $[618] 624 344/$
Between 8:30 A.M. and 5:00 P.M. weekdays, I can be reached at [4/8] 638 2799 cell [4/8-524-90/8 ω.
My e-mail address is the Ima@ hcis.net Will accept documents by electronic means (e-mail) \ Yes \ \ \ No
(Full name of utility company) Ver 12 on (respondent) is a public utility and is subject to the provisions of the Illinois Public Utilities Act.
In the space below, list the specific section of the law, Commission rule(s), or utility tariffs that you think is involved with your complaint. $\rho urt 7.35$
Have you contacted the Consumer Services Division of the Illinois Commerce Commission about your complaint?
Has your complaint filed with that office been closed?

Please state your complaint briefly. Number each of the paragraphs. Please include time period	od and dollar amounts involved with your complaint. Use an
extra sheet of paper if needed. 1/2 1700 has turned # 9	383.99 over to a collection
agency. This amount has accused f	rom monthly charges then
Please state your complaint briefly. Number each of the paragraphs. Please include time period stars sheet of paper if needed. Perizon has turned 4 stagency. This comount has a crued for have billed to me continuously since I them in May 2005. I have called they try to straighten it out to they always they to straighten it out to they always never able to talk to anyon could find me in their billing	terminated my service with
them in MAY 2005. Thave as led	Them numerous france to
tru to straighten it and I then also	and follows I dolet
The to street and the med and	ugs Total Me I MART OWE
-it was some ship to talk to award	a at verizin that
I was never able to talk to anyon	e word from
could find me in their billing	Systein
Places clearly state what you want the Commission to do in this case: MAKA 1/4	uzon take away the
Please clearly state what you want the Commission to do in this case: Make Ver charges that I do Not owe and que in Aug ob from the address that bill me ut	it the billion I moved
in Aug Ob from the address that	they postinge to
bill me at	Treed Constitute 10
NOTICE: If personal information (such as a social security number or a bank account number	er) is contained in this complaint form or provided later in this
proceeding, you should submit both a public copy and a confidential copy of the document. A	
obscured or removed from the document prior to its submission to the Chief Clerk's office	
should remain legible. If personal information is provided in your public copy, be advised the	
e-Docket website. The confidential copy of any filing you make, however, will only be avail	
confidential version of a document, clearly mark them as such.	
·	
Inday's Date: 11-29-07 Complainant's Signat	EURE: Kehicaa Lamburt
Today's Date: 11-29-07 Complainant's Signat (Month, day, year)	7 40 10000
V,	
If an attorney will represent you, please give the attorney's name, address, telephone number	r, and e-mail address.
When you finish filling out this complaint form, you need to file the original with the Commission	
include one copy of the original complaint for each utility company complained about (referre	d to as respondents).
MEDIFICACION	
VERIFICATION	
A notary public must witness the completion of this part of the form.	:
Pahara La in have Complained first boing	duly sworn, say that I have read the above petition and know
what it says. The contents of this petition are true to the best of my knowledge.	nnà zani il' 29à mar i mass i san nie annas hemmi ann vina
what t says. The concents of this pertion are to be to the best of thy knowledge.	
Rlacka Park Int	
Complainant's Signature	
obnipionone a digitatar e	
Subscribed and sworn/affirmed to before me on (month, day, year) Name of the subscribed and sworn/affirmed to before me on (month, day, year)	9,2007
1)	OFFICIAL SEAL
Kynn A Hillhand	NOTAR > PI(NOTAR) SEAL OF ILLINOIS
Signature, Notary Public, Minois	MY COMMISSION EXPLAN 26,2010
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NOTE: Failure to answer all of the questions on this form may result in this form being retu	rned without processing.